Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES	NOTICE FILING					
AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Mitchell Adcock	TELEPHONE NUMBER 601-576-7847			
ADDRESS 570 E Woodrow Wilson Ave		CITY Jackson		STATE MS	ZIP 39215	
EMAIL Ingrid.williams@msdh.ms.gov	SUBMIT DATE 07/14/16	Name or number of rule(s): 15-12 Subpart 31 Bureau of Emergency Medical Services Mississippi EMS Laws, Rules and Regulations				
Short explanation of rule/amendment for licensure, permit and certification.	repeal and reason	(s) for proposing rule/amendm	ent/repeal:	Update Aero N	Medical Standards	
Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §41-59-5						
List all rules repealed, amended, or su and Rule 3.12.1; Rule 4.17.1; Rule 4.17.2; F 7.13.1; Rule 7.14.1; Rule 7.16.1; Rule 7.17.	Rule 5.20.1; Rule 5.20. 1 through 7.17.5; Rule	2; 6.15.1; Rule 6.20.1; Rule 6.20.2 27.19.1 through 7.19.5; Rule 7.20.	; Rule 6.25.2; .6; Rule 7.21.1	Rule 6.26.1; Rul through 7.21.3	le 6.26.2: Rule	
through 7.22.4; Rule 7.23.1; Rule 7.23.2; R ORAL PROCEEDING:	ule 7.24.1; Rule 7.24.2	2; Rule 7.25.1; Rule 7.25.2; Rule 9.	10.20; Rule 9.	10.21;		
An oral proceeding is scheduled for this rule on: Date: Time: Place:						
Presently, an oral proceeding is not scheduled on this rule.						
If an oral proceeding is not scheduled, an oral protein (10) or more persons. The written request sometice of proposed rule adoption and should incagent or attorney, the name, address, email addressment period, written submissions including ECONOMIC IMPACT STATEMENT:	oceeding must be held i hould be submitted to t lude the name, address, ress, and telephone nun	f a written request for an oral proceed he agency contact person at the above email address, and telephone numbe onber of the party or parties you repres	e address within r of the person(sent. At any tim	twenty (20) days s) making the req e within the twer	after the filing of this juest; and, if you are an	
Economic impact statement not required for this rule. Concise summary of economic impact statement attached.						
TEMPORARY RULES PROPOS		SED ACTION ON RULES		FINAL ACTION ON RULES		
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Repea Adopt	ule(s) Imment to existing rule(s) I of existing rule(s) I on by reference I effective date: after filing	Date Proposed Rule Filed: 5-12-16 Action taken: X			
Printed name and Title of person authorized to file rules: Mitchell Adcock, Deputy State Health Officer						
Signature of person authorized to f	le rules:	the ad-				
OFFICIAL FILING STAMP		WRITE BELOW THIS LINE ICIAL FILING STAMP	OI	FFICIAL FILING	STAMP	
			SEC	JUL 14 MISSISS RETARY (The second secon	
Accepted for filing by The entire text of the Proposed Pula in	Accepted for	filing by	Accepted for filing by #22087			

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.